



CITY OF HOUSTON BOARDING HOME REGISTRATION

DATE _____

Office Use:
Certificate # _____

Expiration Date _____

PLEASE PRINT

Name of Boarding Home _____

- ☐ Yes, this boarding home is operated under an Assumed Name. Attach copy of the Assumed Name Certificate filed in compliance with the Assumed Name Business or Professional Name Act (TX Business and Commerce Code, Chapter 36).
- ☐ No, this boarding home is not operated under an Assumed Name.

Boarding Home Address _____
Street Number/Street Name City State Zip Code

Legal Description of the tract of land on which the boarding home is located _____

Harris County Appraisal District (HCAD) number _____

Mailing Address _____
PO Box or Street Number/Street Name City State Zip Code

Boarding Home Telephone Number _____ Fax Number _____

Owner E-mail address _____

Driver's License Number of Operator _____ State _____

Owner's Name _____ Telephone _____

Owner's Street Address _____
Street Number/Street Name City State Zip Code

Owner's Mailing Address _____
PO Box or Street Number/Street Name City State Zip Code

Check what applies and provide corresponding documentation.

- ☐ Yes, I am the owner of the tract of land on which the boarding home is situated. Attach copy of recorded deed.
- ☐ No, I am not the owner. I have been given the legally enforceable right to use and possess this tract of land for operation of the boarding home. Attach a copy of the document to show proof of this fact.
- ☐ Yes, this boarding home is a Texas Corporation. **Attach** a certified copy of the valid Articles of Incorporation.
- ☐ Yes, this boarding home is a Foreign Corporation. **Attach** a certified copy of the valid Certificate of Authority to Transact business in Texas.
- ☐ Yes, this boarding home is a Limited Partnership formed under Texas law. **Attach** a certified valid copy of the Certificate of Limited Partnership filed in the office of the Secretary of State.
- ☐ Yes, this boarding home is a Foreign Limited Partnership. **Attach** a certified valid copy of the Certificate of Limited Partnership and the qualification documents filed in the Office of the Secretary of State.
- ☐ Has a fire inspection been requested and paid. Provide receipt.

1. Give the date on which you acquired the boarding home facility. _____ / _____ / _____
Month Day Year

2. Give the date on which the boarding home began operations. _____ / _____ / _____
Month Day Year

3. IF you have not begun operations THEN give the expected start-up date. _____ / _____ / _____
Month Day Year

4. What is the maximum number of beds provided at the facility?

5. How many beds are currently assigned to residents at the facility?

6. Describe the type of security and resident monitoring systems currently used at the facility.

7. Describe the services you provide to residents at the facility.

☐ a. Community meals Number of meals per day _____

☐ b. Meal preparation ☐ e. Grocery shopping

☐ c. Light Housework ☐ f. Money management

☐ d. Transportation ☐ g. Laundry services

8. Do you provide assistance with self-administration of medication? Yes ☐ No ☐

9. Is this facility in full compliance with Chapter 325 of the Texas Health and Safety Code? ☐ Yes ☐ No

10. Have you ever been arrested, charged or convicted for any criminal offense in this state or any other state or country? Yes ☐ No ☐

- Owner (s) and operator (s) shall consent to and complete state or federal forms that are required to obtain a **criminal history report for the owner(s) and operator (s)**. The registration for a boarding home facility may be denied, revoked, suspended or denied for renewal if the owner (s) or operator(s) or employees of the facility have been convicted of a criminal offense(s) within the five-year period immediately preceding the date of the filing of the registration application. Such offense(s) involving fraud, theft, forgery, regulating firearms; and involving possession, use of or sale of drugs (except conduct classified as no greater than a Class C misdemeanor); and involving prostitution or the promotion of prostitution, rape, sexual abuse, sexual assault, rape of a child, sexual abuse of a child or indecency with a child; any other felony offense listed under Title 5 of the Texas Penal Code.



POST OFFICE BOX 1561 • HOUSTON, TEXAS 77251-1561
HOUSTON PERMITTING CENTER • 1002 WASHINGTON AVENUE, 1ST FLOOR

TEL: 832-394-8803
FAX: 832-395-9631

HEALTH AND SAFETY CODE

TITLE 4. HEALTH FACILITIES

SUBTITLE G. PROVISION OF SERVICES IN CERTAIN FACILITIES

CHAPTER 325. NOTICE OF SEX OFFENDER STATUS TO RESIDENTS OF GROUP HOME

Sec. 325.001. DEFINITIONS. In this chapter:

(1) "Director" means the administrator primarily responsible for the operation of a group home.

(2) "Group home" includes:

(A) an assisted living facility, as defined by Section 247.002;

(B) a boarding home facility, as defined by Section 260.001;

(C) a facility as defined by Section 246.002;

(D) a supportive housing facility operated by the state, a local government, or a private agency that provides supportive services to persons with mental illness, substance use conditions, or physical disabilities who require access to rehabilitative services and a stable living arrangement to maintain consistent treatment regimens; and

(E) a transitional housing facility designed to facilitate the transition from inpatient to outpatient care or, within a reasonable time, the transition from homelessness to permanent housing for persons with serious mental illnesses, substance use conditions, or physical disabilities and who may require intensive case management and assistance with long-term goal planning and independent living skills.

(3) "Resident" means a person who resides and receives services at a group home.

Added by Acts 2013, 83rd Leg., R.S., Ch. 246 (H.B. 424), Sec. 1, eff. September 1, 2013.

Sec. 325.002. APPLICABILITY OF CHAPTER. This chapter does not apply to a group home that accepts or is assigned only residents who are sex offenders required to register under Chapter 62, Code of Criminal Procedure, if the residents receive treatment at the group home from a sex offender treatment provider who is licensed under Chapter 110, Occupations Code.

Added by Acts 2013, 83rd Leg., R.S., Ch. 246 (H.B. 424), Sec. 1, eff. September 1, 2013.

Sec. 325.003. SEX OFFENDER STATUS CHECK. Except as provided by Section 325.002, as soon as practicable after a person requests to live at a group home or is assigned to live at a group home as a condition of community supervision or as a condition of release on parole or to mandatory supervision, the director of the group home shall ascertain whether the person is registered under Chapter 62, Code of Criminal Procedure, by consulting the Internet website maintained by the Department of Public Safety that contains the sex offender database.

Added by Acts 2013, 83rd Leg., R.S., Ch. 246 (H.B. 424), Sec. 1, eff. September 1, 2013.

Sec. 325.004. NOTICE TO OTHER RESIDENTS REQUIRED. If based on information obtained under Section 325.003 the director ascertains that a person is a registered sex offender, not later than the third day after the date the person becomes a resident of the group home, the director shall provide notice that the person is a sex offender to the legal guardian of each current resident who has a legal guardian and directly to each other resident. The notice must contain all of the information about the person that is available on the website described by Section 325.003.

Added by Acts 2013, 83rd Leg., R.S., Ch. 246 (H.B. 424), Sec. 1, eff. September 1, 2013.

Sec. 325.005. IMMUNITY FOR RELEASE OF PUBLIC INFORMATION. A group home or its director is not liable under any law for damages arising from conduct required under this chapter.

Added by Acts 2013, 83rd Leg., R.S., Ch. 246 (H.B. 424), Sec. 1, eff. September 1, 2013.

Section. 1-11. Application for permits, licenses, etc.

(a) A license, permit or certificate issued pursuant to any code or ordinance of the city shall not be issued unless the applicant submits with the application the following declaration, pursuant to Texas Civil Practice and Remedies Code section 132.001:

My name is _____,
(first, middle and last name),

My date of birth is _____, and

My address is _____, and
(street, city, state, zip code)

(country)

I have personal knowledge of the statements made in the application. None of the statements are misleading or false. I acknowledge that issuance of the license; permit or certificate does not excuse or approve any violation of deed restrictions or city, state, or federal laws or regulations. To the extent that this declaration is made on behalf of a corporation or any other legal entity or persons, I certify that I have fully advised them of the contents of the application and this declaration and that I am authorized to execute this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the
_____ day of _____,
(month) (year)

Declarant



Criminal Offense Affidavit

Before me the undersigned authority on this day personally appeared _____
(type or legibly print name of affiant) who being first duly sworn by me deposed and said:

I understand and agree that neither the owner (s), nor the operator (s), nor any of the employees of the boarding home facility have been convicted of any of the criminal offenses designated in Section 1-10 (b) (6) of this Code within the five-year period immediately preceding the date of the filing of the application, and stating further that the owner (s) and operator (s) acknowledge that non-compliance with Section 1-10 (b) (6) of this Code shall constitute cause to deny, revoke, suspend, or refuse for renewal, as applicable, the registration for the boarding home facility.

To the extent that this affidavit is made on behalf of a corporation or for the benefit of any persons other than myself I certify that I have fully advised them of the content of this affidavit and that I am duly authorized to execute the same as the act and deed of the applicant or persons.

To certify which, witness my hand and seal of office this _____ day of _____ 20____.

Notary public in and for the State of Texas

My Commission expires: _____

Boarding Home Affidavit
Failure to Report; Penalty

48.052. FAILURE TO REPORT; PENALTY

A person commits an offense if the person has cause to believe that an elderly or disabled person has been abused, neglected, or exploited or is in the state of abuse, neglect, or exploitation and knowingly fails to report in accordance with this chapter.

An offense under this subsection is a Class A Misdemeanor.

(Print full name)

(Signature)

(Date)

DPS Computerized Criminal History (CCH) Verification (Agency Copy)

PLEASE SUBMIT SIGNED COPY WITH YOUR APPLICATION.

I, _____, have been notified that a Computerized Criminal
APPLICANT OR EMPLOYEE NAME (PLEASE PRINT)

History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process, I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with MorphoTrust USA, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$39.75 to the fingerprinting services company, MorphoTrust USA.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history records may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits.)

 Signature of Applicant or Employee

 Date

COH Regulatory Permitting - ARA

 Agency Name (Please Print)

 Agency Representative Name (Please Print)

 Signature of Agency Representative

 Date

**Please:
Check and Initial each Applicable Space**

CCH Report Printed:

YES _____ NO _____ Initial _____

Purpose of CCH:

Hire _____ Not Hire _____ Initial _____

Date Printed:

_____ Initial _____

Destroyed Date:

_____ Initial _____

Retain in your files.



CITY OF HOUSTON

Administration & Regulatory Affairs
Department

Annise D. Parker
Mayor

Tina Paez
Director
Administration & Regulatory
Affairs Department
P.O. Box 1561
Houston, Texas 77251-1562

T. 832.394.8803
F. 832.395.9632
www.houstontx.gov

****UPDATED OCTOBER 12, 2015****

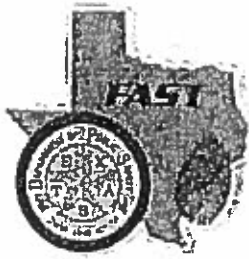
FINGERPRINT APPLICATION SERVICES OF TEXAS, F.A.S.T.

Fingerprint services for the permits and license requiring fingerprints through the Administration & Regulatory Affairs Department are conducted through the state of Texas. The Department of Public Safety has entered into an exclusive contract with MorphoTrust USA to provide statewide electronic fingerprints. The goal of the Fingerprint Applicant Services of Texas (F.A.S.T.) program is to provide convenient applicant fingerprinting services throughout the state of Texas. Appointments are available by scheduling online at www.identogo.com or by calling 1-888-467-2080. The cost of this service is \$39.75 for the State and National Criminal History Record Information. You may pay for F.A.S.T. service online with a credit card or onsite with a check or money order. Cash is NOT accepted!

Here is how to get started:

- 1) You must obtain a FAST Pass from the Administration and Regulatory Affairs Department, Commercial Permitting and Transportation Sections. This pass will contain all the necessary instructions and information to schedule your fingerprint appointment.
- 2) You will need to schedule an appointment by logging onto the MorphoTrust USA website, www.identogo.com or by calling 1-888-467-2080.
 - a. If you are scheduling by phone, please request an "Electronic Fingerprint Submission" appointment.
 - b. When scheduling an appointment you will be prompted for the following additional personal data:
 - i. Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color Hair Color, Place of Birth and Home Address.
 - ii. Requested data is required by the Texas Department of Public Safety to process your background check.
- 3) Please complete the necessary fields on the FAST Pass, bring your completed pass and valid State Issued Identification.
 - a. During your fingerprint appointment you will be prompted for Social Security Number and Driver License Number.
 - b. You are also required to have your photograph taken at the time of your appointment.
 - c. Requested data is required by the Texas Department of Public Safety to process your background check.
- 4) Once you have completed your appointment you will be provided with a signed receipt which includes your Tracking Control Number (TCN), please retain this receipt for your records.
- 5) Your fingerprints, demographic information, and photograph will be sent to the Department of Public Safety and the Federal Bureau of Investigation for processing. Criminal History Record Information based upon your submission will be provided to the requesting agency.

If you have any questions regarding the F.A.S.T. processes, please feel free to contact the Fingerprint Services Unit at fingerprint.service@dps.texas.gov or 512-424-2365, Option 6.



REGULATORY LICENSING - ARA

City of Houston

This document is your **FAST Fingerprint Pass** for a state and national criminal history record check. Please schedule a fingerprint appointment by visiting <http://www.IdentoGo.com> or by calling 1-888-467-2080. When scheduling an appointment you will be prompted by IdentoGO for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. During your Fingerprint appointment you will also be prompted for Social Security Number and Driver License Number. Requested data is required by the Texas Department of Public Safety to process your background check. These data elements have been omitted from this document in order to better protect the security of your

personal information. You may pay for FAST services online with a credit card or onsite with a check or money order only. Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

1. Logon to <http://www.IdentoGo.com>
2. Select: **Texas**
3. Select: **Online Scheduling**
4. Select: **English or Espanol**
5. Enter: **First and Last Name**
6. Select: **All Others**
7. Select: **Option A - Electronic Submission**
8. Select: **Yes, I have a FAST Fingerprint Pass**
9. Enter: **TX923608Z**
10. Enter: **Application ID, HL - ARA**
11. Follow the prompts to enter requested information.
12. Bring this completed form with you to your appointment

Section One: Qualified Entity Information

ORI#: TX923608Z Application ID: HL - ARA Original TCN: _____
(If resubmission for rejected fingerprints)

Agency/Entity/Organization Name: City of Houston Regulatory Licensing (ARA)

Section Two: Applicant Name (To be completed by applicant)

Last: _____ First: _____ Middle: _____
(Please print) (Please print) (Please print)

Section Three: Walver Information (To be completed and signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy. I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Signature: _____ Date: _____

Section Four: Service Center Information (To be completed by FAST Enrollment Agent)

Date Prints Taken: _____ Amount Charged For Service: \$39.75

Paid by: ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard ☐ Billing Acct _____

TCN: _____

☐ I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION, I HAVE FINGERPRINTED THE SAME PERSON

E.A. Name: _____ E.A. Signature: _____
(Please print)

Boarding Home Employee Affidavit

Before me the undersigned authority on this day personally appeared _____
(type or legibly print name of affiant) who being first duly sworn by me deposed and said:

I fully understand and acknowledge that as an employee of this boarding home facility I may be criminally liable under Section 48.052, Texas Human Resources Code, for failure to report abuse, neglect or exploitation of any resident.

To certify which, witness my hand and seal of office this _____ day of _____ 20____.

Notary public in and for the State of Texas

My Commission expires: _____

Boarding Home Affidavit
Failure to Report; Penalty

48.052. FAILURE TO REPORT; PENALTY

A person commits an offense if the person has cause to believe that an elderly or disabled person has been abused, neglected, or exploited or is in the state of abuse, neglect, or exploitation and knowingly fails to report in accordance with this chapter.

An offense under this subsection is a Class A Misdemeanor.

(Print full name)

(Signature)

(Date)